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CPT/HCPCS 2010 Updates

12 January 2010 - 0800 & 1400 & 2100 EST

14 January 2010 - 0800 & 1400

Bridge Number: 877-960-7130

Pin: 2378585



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Objectives

- Understand the changes in both the CPT and HCPCS code sets that can impact billing
- Understand the changes by department type
- Be able to share the information with others in your facility



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Summary of 2010 Changes

	Adde d	Delete d	Revise d
Anesthesia	0	1	0
E/M	0	0	10
Surgery	80	23	96
Radiology	14	11	4
Path/Lab	15	2	17
Medicine	10	4	8
Cat II	96	14	24
Cat III	11	22	0
Totals	226	77	159



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E/M Section – Consultations

A consultation is a type of evaluation & management service provided by a physician at the request of another physician or appropriate source to either recommend care for a specific condition or problem, or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.



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E/M Section – Consultations

A “consultation” initiated by a patient and/or family, and not requested by a physician or other appropriate source, is not reported using the consultation codes but may be reported using the office visit, home service, or domiciliary/rest home care codes as appropriate.



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E/M Section – Consultations

- The written or verbal request for a consult may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate source.
- The consultant's opinion, and any services that were ordered or performed, must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.



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E/M Section – Consultations

- Consultations have been revised to outline the two circumstances under which consultations provided at the request of another physician or appropriate source may be rendered:
 - To provide opinion/services for a specific condition or problem, or
 - To allow a determination to be made on whether to accept the ongoing management of the patient's entire care or for the care of a specific condition or problem (i.e., transfer of care)



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Surgery Changes

- 41 new codes
- 53 revised codes
- 7 deleted codes
- New parenthetical and instructional notes



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Surgery Changes

Musculoskeletal System Section:

Introductory guidelines revised for excision of subcutaneous soft tissue tumors, excision of fascial or subfascial soft tissue tumors, radical resection of soft tissue tumors and radical resection of bone tumor services



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Surgery Changes

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Section:

The paravertebral facet joint or facet joint nerve injection codes 64470-64476 have been deleted. There are six new codes under a new subheading for reporting paravertebral facet joint injections w/image guidance.



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Radiology Changes

Most significant changes:

- New codes for CT colonography diagnostic and screening procedures
- New codes for cardiac magnetic imaging codes
- New codes for CT and CTA of the heart and myocardial perfusion and cardiac blood pool imaging studies



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Pathology & Lab Changes

Most significant changes:

- Chemistry subsection has the most number of changes
- Also the appropriate placement of a Vitamin D procedure has been re-sequenced



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Pathology & Lab Changes

Guidance for the Organ or Disease-Oriented Panels subsection of the Pathology and Lab section was revised to clarify:

Users should not report multiple panel codes that include any of the same constituent analytes performed from the same patient collection (analytes has been changed to the word “tests”).



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Medicine Section Changes

- New codes for the vaccine coding sections
- Revisions in the ear, nose and throat section
- Changes within the cardiovascular section include changes made to reflect the need to clarify the use of certain codes or to combine certain procedures that are commonly performed together
- There are also deleted codes for services that are no longer performed



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Medicine Section Changes

- 90470 - H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
 - **Note:** Code is not in 2010 CPT Code book yet
- 90663 - Influenza virus vaccine, pandemic formulation, H1N1
- Follow your Service coding guidance and third-party payor billing requirements for reporting this vaccine.



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Category II Code Changes

- 98 codes added for quality improvement measure
- 9 new codes for clinical conditions
- 46 revised clinical conditions



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Category III Code Changes

Revisions include:

- 11 new codes
- 22 deleted codes
- Of the code deletions – seven codes were converted to Category I codes



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Changes to the 2010 HCPCS Codes

Modifier Changes



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HCPCS - Modifier Changes

- A1 - dressing of one wound
- PA - Surgical or other invasive procedure on wrong body part
- PB - Surgical or other invasive procedure on wrong patient
- PC - Wrong surgery or other invasive procedure on patient
- (Note - The CPT AI modifier is used to designate the principal physician of record)



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HCPCS - Modifier Changes

- PI – for PET/CT to inform the initial treatment strategy of tumors that re biopsy proven or strong suspected or being cancerous based on other diagnostic testing
- V5 – Vascular catheter
- V6 – Arteriovenous graft



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HCPCS - Modifier Changes

- PI – for PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy
- V8 – Infection present
- V9 – No infection present



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HCPCS Code Changes

- A codes - 9 new, 7 deleted, 2 revised
- C codes - 10 new, 7 deleted, 2 revised
- E codes - 2 new, 4 deleted, 7 revised
- G codes - 95 new, 18 deleted, 6 revised
- J codes - 16 new, 8 deleted, 3 revised
- K codes - 2 new
- L codes - 9 new, 13 deleted, 4 revised
- Q codes - 12 new, 9 deleted, 2 revised



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Summary

- This is an overview of the 2010 code changes that will be used for third-party billing
- Please share this information with interested parties in your facility
- Check with your Service POC for specific coding/billing guidance



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Questions?

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